

POSITION	IN: L.S.	ID NO.	DATE
FEE DETERMINATION	1-G		7/24/01
O.I.P.E. CLASSIFIER		8	73001
FORMALITY REVIEW	H-S	866	08-29-01
RESPONSE FORMALITY REVIEW	M.D.	625	03-04-02

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

71807
 3/4/02
 JC-857
 8/29

If more than 150 claims or 10 actions
staple additional sheet here

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